

WALTON COUNTY PLANNING AND DEVELOPMENT

FAX (770) 267-1407

INSPECTION REQUEST 770-266-1564

NOTICE: This form must be in our office 24 hours before calling for inspections.

CONTRACTOR AFFIDAVIT

DATE; _____

Permit # _____ Address; _____

Permit Name _____

Residential _____ Commercial _____

ELECTRICAL:

*Company/Contractor Name _____ Phone _____

*Service size or Type of Installation _____

*Signature _____ *State License # _____
Homeowner Signature requires notary verification

*Please Print Name: _____

*Walton County Contractor #: CC _____

PLUMBING:

*Company/Contractor Name _____ Phone _____

Number of Fixtures:

Water Closets _____ Lavatory _____ Tub _____ Shower _____ Kitchen Sink _____ Dishwasher _____

Washing Machine _____ Water Heater _____ Laundry Sink _____ Floor Drain _____

Drinking Fountain _____ Service Sink _____ Urinal _____ Disposal _____ Sewer/Septic _____

Other _____

By this signature, I also certify that any sprinkler systems installed for One and Two Family Dwellings are in compliance with the current enforced edition of NFPA 13D

*Signature _____ *State License # _____
Homeowner Signature requires notary verification

*Please Print Name: _____

*Walton County Contractor #: CC _____

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Permit # _____ Address _____

Permit Name _____

Residential _____ Commercial _____

HEATING & AIR:

*Company/Contractor Name _____ Phone _____

Type of System _____ Tonnage _____ # of Systems _____

*Signature _____ *State License # _____
Homeowner Signature requires notary verification

*Please Print name _____

*Walton County Contractor #: CC _____

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GAS:

*Company/Contractor Name _____ Phone _____

Number of Items using Gas: Furnace _____ Water Heater _____ Stove _____ Dryer _____

Refrigerator _____ Other _____ Occ Tax # _____ State # _____

*Signature _____ *State License # _____
Homeowner Signature requires notary verification

*Please Print Name _____

*Walton County Contractor #: CC _____